

**WRITTEN TESTIMONY OF**  
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**BEFORE THE**  
  
**COMMITTEE ON INTERNATIONAL RELATIONS**  
**SUBCOMMITTEE ON AFRICA, GLOBAL HUMAN RIGHTS AND**  
**INTERNATIONAL OPERATIONS**  
**U.S. HOUSE OF REPRESENTATIVES**

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Mr. Chairman, Mr. Payne, and Members of the Subcommittee:

Thank you for this opportunity to discuss President Bush's Emergency Plan for AIDS Relief and its relationship to tuberculosis and malaria in the developing world.

The President and the Congress made a strategic decision to focus the Emergency Plan on global HIV/AIDS, and particularly on interventions for its prevention, care, and treatment. Of course, HIV/AIDS in the developing world is closely related to numerous other issues: economic development, food security, conflict, the status of women, and many more.

One of the key linkages is to other infectious diseases. In much of the developing world, including many of our 15 Emergency Plan focus nations, malaria and tuberculosis are also key health challenges.

The first point I would like to emphasize is that while the Emergency Plan focuses on HIV/AIDS, its effects will yield benefits in the affected nations across a range of health issues. This is largely because the U.S., working in support of the strategies of our host nations, is now making major investments in building health care capacity. As Ambassador Tobias recently reported to you, those investments have already begun to yield impressive results.

Infrastructure in these nations is perhaps the greatest challenge. We are aggressively promoting the expansion of existing health care networks and the development of new public and private network systems. These network systems have the potential to greatly improve the delivery of health services generally, even in remote areas.

Human capacity is, of course, a prerequisite to the effective functioning of these networks. This Committee is well aware of the desperate shortage of trained health workers at all levels, and the Emergency Plan is supporting training that covers a broad

range of services. While some of this training is specific to HIV/AIDS, much of it will lead to improved care across the whole spectrum of health care.

Other components of local capacity on which we have focused include disease surveillance, reporting, evaluation, and strategic information – tools for accountability. In all we do, the Emergency Plan also seeks to foster indigenous leadership in the fight against the HIV/AIDS pandemic. Both accountability and local leadership are, we believe, essential to the development of effective national responses to all health issues.

Now I'd like to turn briefly to some specific HIV/AIDS activities we support that also have an effect on other infectious diseases.

HIV/AIDS is fueling a resurgence of tuberculosis in resource-limited settings. In many areas in our focus nations, a majority of HIV-positive people are co-infected with TB – a leading cause of death among those with HIV.

As a result, the Emergency Plan supports TB care and treatment for co-infected people. This includes diagnosis of latent TB infection, treatment to prevent development of active disease, and general TB-related care.

During the initial eight months of the Emergency Plan through September 30, the U.S. supported care and treatment for over 240,000 co-infected people in the focus countries. Now, almost 7 months later, the number is certainly far higher.

Because of the high rate of co-morbidity between TB and HIV/AIDS, we are also urging the counseling and testing facilities the U.S. supports to offer HIV testing to those who present with TB or other infectious diseases.

The Emergency Plan has also developed a “basic preventive care package” that includes key support and preventive therapies. These packages include products to prevent malaria infection, as well as the tuberculosis treatment therapies I have previously mentioned.

Mr. Chairman, the Emergency Plan is experiencing success in supporting the HIV/AIDS strategies of our host nations. These accomplishments are also providing valuable assistance as the nations confront the other infectious diseases with which they are burdened.

We at the Office of the Global AIDS Coordinator will continue to work with our colleagues at the agencies that have programs focusing on TB and malaria, such as USAID and the Department of Health and Human Services, coordinating those programs with our Emergency Plan efforts focusing on HIV/AIDS.

I would be happy to address your questions.